

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Howard Ganz
1912 North Grant
Apt 1004
Phoenix, AZ 85022

A. Signature		<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by / Printed Name		C. Date of Delivery	
<i>Joyce</i>		1-27-04	
D. Is delivery address different from item 1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:			

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**2. Article Number
(Transfer from service label)**

7003 1680 0000 0330 3941

10295-02-11-1540

Domestic Return Receipt

PS Form 3811, August 2001
BL-374 (Doc 38) TSN